

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH

OFFICE OF OCCUPATIONAL & RADIOLOGICAL HEALTH

APPLICATION FOR CERTIFICATION TO PROVIDE ASBESTOS TRAINING COURSES

1. TYPE OF APPLICATION: ☐ Initial ☐ Renewal ☐ Amendment

If Renewal or Amendment, current certificate number(s): ATC - _____

2. APPLICANT:

Facility: _____

Director: _____

Street: _____ Telephone No.: _____

City/Town: _____ State: _____ Zip: _____

3. ASBESTOS TRAINING COURSE (S) SUBMITTED: (CHECK ALL applicable items.)

- ☐ 40 Hour Initial Asbestos Abatement Site Supervisor (D.1.8 (a)/(b))
 - ☐ 32 Hour Initial Asbestos Abatement Worker (D.1.8 (a))
 - ☐ 24 Hour Initial Asbestos Inspection Services (EPA Model Plan)
 - ☐ 24 Hour Initial Asbestos Project Designer (EPA Model Plan)
 - ☐ 16 Hour Initial Asbestos Management Planner (EPA Model Plan)
 - ☐ 14 Hour Competent Person (D.1.8 (d)/D.2.2 (a))
 - ☐ 8 Hour Competent Person Annual Review (D.1.8 (k)/D.2.2 (b)/(c))
 - ☐ 8 Hour Asbestos Inspection Services/Management Planner Annual Review (EPA Model Plan)
 - ☐ 8 Hour Asbestos Abatement Worker Annual Review (D.1.8(c))
 - ☐ 8 Hour Asbestos Abatement Site Supervisor Annual Review (D.1.8(c))
 - ☐ 4 Hour Asbestos Inspection Services Annual Review (EPA Model Plan)
 - ☐ 4 Hour Asbestos Management Planner Annual Review (EPA Model Plan)
 - ☐ 8 Hour Project Designer Annual Review (EPA Model Plan)
 - ☐ Other (Specify): _____
-

Attach documentation to demonstrate compliance with the appropriate sections of subpart D.1 of the Rhode Island Rules and Regulations for Asbestos Control. Each attachment must clearly identify the specific paragraph(s) being addressed.

4. CERTIFICATION/AUTHORIZATION IN OTHER JURISDICTIONS:

Indicate all other federal, state or local jurisdictions in which the applicant currently has certification or other authorization to conduct each of the asbestos training courses identified in Item 3. Attach copies of all such certificates and/or authorizations.

5. ENFORCEMENT ACTIONS IN OTHER JURISDICTIONS:

- A. Has any federal, state or local jurisdiction ever revoked or suspended an asbestos training certificate and /or other authorization to conduct asbestos training held by the applicant and/or any principal in the applicant's organization?

() Yes () No

If Yes, provide details.

- B. Does any federal, state or local jurisdiction have any outstanding enforcement action(s) against the application and/or any principal in the applicant's organization?

() Yes () No

If Yes, provide details.

6. AFFIRMATION BY APPLICANT (This item must be completed by applicant)

I hereby swear or affirm under the penalties of perjury that I understand and have answered the questions true and to the best of my knowledge.

Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

Signature

Date:

Social Security Number (SSN) or
Federal Identification Number (FEIN)

Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of taxation pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended.

PLEASE NOTE: If you are a sole proprietor of a facility or business, then you must supply your Social Security Number (SSN). If you are an individual representing a facility or a business that is seeking licensure, then you must supply the Federal Employer Identification Number (FEIN) for the facility or the business.

7. FEES:

The following fee(s) must accompany the application:

- ___ Amendment Fee (per course) @ \$ 40
- ___ Application Fee (per course) @ \$ 75
- ___ 40 Hour Initial Asbestos Abatement Site Supervisor @ \$750
- ___ 32 Hour Initial Asbestos Abatement Worker @ \$600
- ___ 24 Hour Initial Asbestos Inspection Services @ \$450
- ___ 24 Hour Initial Asbestos Project Designer @ \$300
- ___ 16 Hour Initial Asbestos Management Planner @ \$300
- ___ 14 Hour Competent Person @ \$300
- ___ 8 Hour Competent Person Annual Review @ \$225
- ___ 8 Hour Inspection Services/Management Planner Annual Review @ \$225
- ___ 8 Hour Asbestos Abatement Worker Annual Review @ \$225
- ___ 8 Hour Asbestos Abatement Site Supervisor Annual Review @ \$225
- ___ 4 Hour Asbestos Inspection Services Annual Review @ \$125
- ___ 4 Hour Asbestos Management Planner Annual Review @ \$125
- ___ 8 Hour Asbestos Project Designer Annual Review @ \$125
- ___ Other Training Course @ \$_____

TOTAL FEE (S) SUBMITTED: \$_____

***fee must be paid by check or money order.**

AGENCY USE ONLY

Completed application and fee(s) should be submitted to:

**Rhode Island Department of Health
Office of Occupational & Radiological Health
3 Capitol Hill, Room 206
Providence, RI 02908-5097
(401) 222-3601**